

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be reimbursement of \$11,072.00 for dates of service 01/02/02 and extending through 03/08/02.
- b. The request was received on 08/08/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. Response to a Request for Dispute Resolution
  - b. HCFA(s)
  - c. EOB/TWCC 62 form
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/26/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 08/27/02. The response from the insurance carrier was received in the Division on 09/10/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement submitted.
2. Respondent: Letter dated 09/10/02

“Provider asserts in a 3/8/02 ‘Work Hardening/ Final Report’ that claimant had been involved in work hardening for a period of six weeks. Billing shows that the work hardening began on 12/28/01 and continued through at least 3/8/02, over a ten week period. Thus, even if initiated before 1/01/02, this program required preauthorization since it was over a six week program, and there is no evidence that such preauthorization was obtained. Alternatively, even assuming preauthorization was not required initially, TWCC Advisory 2001-14 is clear that such programs ‘require preauthorization for continuation of the program past January 31, 2002’, and there is no evidence presented that such preauthorization was obtained. Given the lack of preauthorization, carrier is not liable for the billed services noted in its EOB.”

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 01/02/02 and extending through 03/08/02.
2. The explanation of denial listed on the EOB is, “A-PREAUTHORIZATION REQUIRED BUT NOT OBTAINED.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

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**V. ORDER**

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$6,041.60 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 17th day of January 2003.

Carolyn Ollar  
Medical Dispute Resolution Officer  
Medical Review Division

CO/mb